

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295006</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/23/2009</b>	
NAME OF PROVIDER OR SUPPLIER  <b>LAS VEGAS HEALTHCARE AND REHAB CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2832 S. MARYLAND PARKWAY LAS VEGAS, NV 89109</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  Surveyor: 12211  This Statement of Deficiencies was generated as a result of the Life Safety Code (LSC) survey conducted at your facility on September 23, 2009.  Your facility was surveyed using Chapter 19, EXISTING Health Care Occupancies, of the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code.  The following regulatory deficiencies were identified:			K 000			
K 051 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6			K 051			11/3/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 051	Continued From page 1			K 051			
K 066 SS=D	<p>This STANDARD is not met as evidenced by: Surveyor: 12211</p> <p>Based on observation, the facility failed to ensure that one set of smoke barrier doors had functioned properly with the fire alarm.</p> <p>Findings include:</p> <p>On 9/23/09 in the afternoon, following the fire alarm test, the 100 Hall smoke barrier doors did not fully close, leaving an opening of approximately 1 1/2 inches.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are</p>			K 066			11/3/09

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K 066	Continued From page 2 readily available to all areas where smoking is permitted. 19.7.4  This STANDARD is not met as evidenced by: Surveyor: 12211  Based on observation, interview, and document review, the facility failed to ensure smoking regulations were adopted and maintained.  Findings include:  The facility's policy (dated June 2006) indicated the designated areas for residents to smoke were the East Patio and the West Patio.  On 9/23/09 in the afternoon, the Administrator and the Maintenance Director indicated that the designated area for residents to smoke was the East Patio. The Administrator and the Maintenance Director verified that the West Patio was in use for storage of resident's wheelchairs and other supplies, and that when the West Patio was cleared of these supplies, the West Patio would be used for non-smoking residents.  The Administrator and the Maintenance Director further indicated the designated area for employees to smoke was located at the Northeast corner of the building.  On 9/23/09 in the afternoon, there was no evidence of a container with a self-closing cover in the employees' designated smoking area.	K 066			
K 144	NFPA 101 LIFE SAFETY CODE STANDARD	K 144			11/3/09

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K 144 SS=D	<p>Continued From page 3</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 12211</p> <p>NFPA (National Fire Protection Association) Standard: NFPA 110, 3-5.6.1 requires that a remote, common audible alarm powered by the storage battery shall be provided as specified in 3-5.5.2(d). This remote alarm shall be located at a work site readily observable by personnel.</p> <p>Based on observation and interview, the facility failed to maintain the emergency generator with all required components.</p> <p>Findings include:</p> <p>Observation, and verified by interview with the Maintenance Director, there was no remote generator panel located in a continuously occupied area.</p>	K 144			